

Click here to enter a date

County Name County Sheriff's Office
County Mailing Address
City, MT Zip

Re: Cause No. Cause #
MT Dept. of Corrections and Respondent Name

Dear Sheriff Sheriff's Name:

Enclosed please find original and two copies of a Summons and two copies of the State's Petition for Cost-of-Care Contribution in the referenced action. At your earliest convenience, will you please serve the documents on Click here to enter a date at Click here to enter text in Click here to enter text. Once they have been served, please return a certificate of service in the postage-paid envelope provided.

As always, thank you for being so helpful.

Sincerely,

RPA's Name
Regional Program Administrator

Enclosures